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Application Number	10/041,073
Filing Date	December 31, 2001
First Named Inventor	Joan M. Fallon
Title	METHODS FOR DIAGNOSING AND TREATING PERVASIVE DEVELOPMENT DISORDERS
Art Unit	1646
Examiner Name	Dong, Jiang
Attorney Docket Number	41012-700

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith
or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

Chief Executive Officer, CUREMARK LLC

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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